PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL EN TYPE CTAL CLAIMS RATE

Application or Docket Number

10/626,623

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS							Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	В	ASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			เ - minus 20=		*	¥		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			⊷·minus 3 =		*			X4 4 =		OR	X8 g =	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+1 5 0=		OR	+ 3 80=	
* If	the difference	in column 1 is	less than zero, enter "0" in			xolumn 2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	. 16	Minus	** 5	00	=		X\$ 9=	,	OR	-X\$18=	1
MEN	Independent	* 5	Minus	***	5			X44=		OR	X8 g =	
	FIRST PRESE	NTATION OF M	JLTIPLE DEP	ENDEN	T CLAIM	<u> </u>		+150=		<u>OR</u>	+380=	
• • • • • • • • • • • • • • • • • • •								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING . AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***		=		X4 \$ =		OR	X8 % =	
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+150=		OR	+200=	
	•						, L	TOTAL		OR	TOTAL ADDIT. FEE	<u></u>
(Column 1) (Column 2) (Column 3)												
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUL PREVI	HEST MBER NOUSLY FOR	PRESENT EXTRA	$] \lceil$	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		= ,		X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***		=	 	X4 !/ =		OR	X8 g =	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+150=		OR	12 80=	
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." 								TOTAL		ÖR	TOTAL ADDIT. FEE	
**	If the "Highest Nu If the "Highest Nu	mber Previously P imber Previously F	aid For IN THI aid For IN TH	S SPACE IS SPACE	is less the is less the	an 20, enter "20 an 3, enter "3." a biobest numb		DOIT. FEE	orooriale bo	4		